

YES! I WANT TO SUPPORT SANTA BARBARA CHANNELKEEPER (Please print this page from your browser.)

Contact Information:			
First Name:	Last Name:		
Address:			<u>-</u>
City:	Sta	te:Z	ip;
Phone:	E-Mail:		
Donation Level:			
□\$10,000 Blue Whale	□\$250 Great Blue Heron	n	
□\$5,000 Dolphin	□\$100 Steelhead		
□\$1,000 Sea Lion	□\$50 Snowy Plover		
□\$500 Sea Otter	□\$25 Garibaldi		
□Other Amount - \$			
☐ I would like to make my gift a multi-year pledge: \$		for	years
☐ My company () has a ma	atching gift	program
☐ Contact me for planned givin	g. □Contact me to voluntee	r	
This gift is □ In Honor of:	□In Memory	of:	
Payment Information:			
□Check Enclosed (Please make c	heck payable to Santa Barba	ra Channelk	reeper)
□Please charge my credit card: □	Visa ☐ Mastercard ☐ Amer	ican Express	S
Name on card			_
Card number			_
Expiration date/ Security			_
How did you hear about us?			

Please mail or fax this form to:

Santa Barbara Channelkeeper 714 Bond Avenue, Santa Barbara CA 93103 tel: (805) 563-3377 | fax: (805) 687-5635

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